Appendix 1: ICD codes used to create outcome measures

Source: OECD, Definitions of Health Care Quality Indicators, 2012-2013 HCQI data collection

Diabetes short-term complications

ICD-9-CM	ICD-10-WHO
25010 dm keto t2, dm cont	E100 insulin-dependent diabetes mellitus with
25011 dm keto t1, dm cont	coma
25012 dm keto t2, dm uncont	E101 insulin-dependent diabetes mellitus with
25013 dm keto t1, dm uncont	ketoacidosis
25020 dm w/ hyprosm t2, dm cont	E110 non-insulin-dependent diabetes mellitus with
25021 dm w/ hyprosm t1, dm cont	coma
25022 dm w/ hyprosm t2, dm uncnt	E111non-insulin-dependent diabetes mellitus with
25023 dm w/ hyprosm t1, dm uncnt	ketoacidosis
25030 dm coma nec typ ii, dm cnt	E130 other specified diabetes mellitus with coma
25031 dm coma nec t1, dm cont	E131 other specified diabetes mellitus with
25032 dm coma nec t2, dm uncont	ketoacidosis
25033 dm coma nec t1, dm uncont	E140 unspecified diabetes mellitus with coma
	E141 unspecified diabetes mellitus with
	ketoacidosis

Uncontrolled diabetes

ICD-9-CM	ICD-10-WHO
25002 dm, t2, uncont 25003 dm, t1, uncont	E109 insulin-dependent diabetes mellitus without complications E119 non-insulin-dependent diabetes mellitus without complications E139 other specified diabetes mellitus without complications E149 unspecified diabetes mellitus without complications

Diabetes long-term complications

ICD-9-CM	ICD-10-WHO
25040 dm renal comp t2 cont	E102 insulin-dependent dm with renal
25041 dm renal comp t1 cont	complications
25042 dm renal comp t2 uncnt	E103 insulin-dependent dm with ophthalmic
25043 dm renal comp t1 uncnt	complications
25050 dm eye comp t2 cont	E104 insulin-dependent dm with neurological
25051 dm eye comp t1 cont	complications
25052 dm eye comp t2 uncnt	E105 insulin-dependent dm with peripheral
25053 dm eye comp t1 uncnt	circulatory complications
25060 dm neuro comp t2 cont	E106 insulin-dependent dm with other specified
25061 dm neuro comp t1 cont	complications
25062 dm neuro comp t2 uncnt	E107 insulin-dependent dm with multiple
25063 dm neuro comp t1 uncnt	complications
25070 dm circu dis t2 cont	E108 insulin-dependent dm with unspecified
25071 dm circu dis t1 cont	complications
25072 dm circu dis t2 uncnt	E112 non-insulin-dependent dm with renal
25073 dm circu dis t1 uncnt	complications
25080 dm w comp nec t2 cont	E113 non-insulin-dependent dm with ophthalmic
25081 dm w comp nec t1 cont	complications
25082 dm w comp nec t2 uncnt	E114 non-insulin-dependent dm with neurological
25083 dm w comp nec t1 uncnt	complications
25090 dm w compl nos t2 cont	E115 non-insulin-dependent dm with peripheral
25091 dm w compl nos t1 cont	circulatory complications
25092 dm w compl nos t2 uncnt	E116 non-insulin-dependent dm with other specified
25093 dm w compl nos t1 uncnt	complications
	E117 non-insulin-dependent dm with multiple
	complications
	E118 non-insulin-dependent dm with unspecified
	complications
	E132 other specified dm with renal complications E133 other specified dm with ophthalmic
	complications
	E134 other specified dm with neurological
	complications
	E135 other specified dm with peripheral circulatory
	complications
	E136 other specified dm with other specified
	complications
	E137 other specified dm with multiple complications
	E138 other specified dm with unspecified
	complications
	E142 unspecified dm with renal complications
	E143 unspecified dm with ophthalmic complications
	E144 unspecified dm with neurological
	complications
	E145 unspecified dm with peripheral circulatory
	complications
	E146 unspecified dm with other specified
	complications
	E147 unspecified dm with multiple complications
	E148 unspecified dm with unspecified complications

Appendix 2:

Table S2. Description of constructed scales, including which questions were included, which survey they were derived from and the reliability score on country-level.

	Scale	Questions	Survey	Reliability	
Continuity of care					
Longitudinal continuity of care	1. long-term continuity	Patient has own doctor,Doctor knows medical backgroundDoctor knows living situation	PE	0.897	
Informational continuity of care Coordination	2. availability of medical information	- Doctor had medical records at hand -If visited another GP, he/she has necessary information at hand - When referred, GP informs medical specialists - After treatment by medical specialists, GP knows results	PE	0.967	
Skill mix in PC	1 disciplines	receptionist/medical approtant	GP	0.997	
Skill filix iff PC	disciplines working in practice (adapted relevant for diabetes)	- receptionist/medical secretary - practice nurse - community/home care nurse - nurse practitioner - assistant for laboratory work - physiotherapist - pharmacist			
	2. diabetes chronic care management	- extra financial incentive for management of patients with diabetes - clinical guidelines for diabetes treatment - involvement in diabetes disease management program - offering special sessions for diabetic patients	GP	0.995	
Comprehensivenes s					
Availability of medical equipment	availability of medical equipment (adapted relevant for diabetes)	 hemoglobin meter any blood glucose test set any cholesterol meter ophthalmoscope microscope electrocardiograph blood pressure meter 	GP	0.997	
Task profile	2. first contact according to GP for common health problems	- child with severe cough - child aged 8 with hearing problem - woman aged 18 asking for oral contraception - man aged 24 with stomach pain - man aged 45 with chest pain - woman aged 50 with a lump in her breast - woman aged 60 with deteriorating vision	GP	0.984	

	I .			
		 woman aged 60 with polyuria woman aged 60 with acute symptoms of paralysis /paresis man aged 70 with joint pain woman aged 75 with moderate memory problems man aged 35 with sprained ankle man aged 28 with a first convulsion anxious man aged 45 physically abused child aged 13 couple with relationship problems woman aged 50 with psychosocial problems man aged 32 with sexual problems man aged 52 with alcohol addiction problems 		
Health promotion	3. health promotion	- regular blood pressure measurement - regular blood cholesterol level measurement - patient education about smoking, diet and problematic use of alcohol	GP	0.967
Access				
Organizational access	1. patient experienced access	 opening hours too restricted home visit when needed practice is too far have to wait too long, when calling the practice know how to get evening, night and weekend services 	PE	0.856
	2. out-of-hours arrangements	practice provides ooh in weekendpractice provides ooh in evening/nights	GP	0.993

Appendix 3
Table S3: Pearson correlation matrix for included organizational primary care factors

1000 00.1	Table 33. Fearson correlation matrix for included organizational primary care factors									
	Long- term contin uity	Medical informat ion	Skill mix	Diabetes chronic care manage ment	Medical equipm ent	Task profil e GP	Health promoti on	Organizati onal access	OOH care	No. hospi tal beds
Long-term continuity	1.0000									
Medical information	0.1906	1.0000								
Skill mix	- 0.5313	0.3678	1.00 00							
Diabetes chronic care managem ent	0.1135	0.2654	- 0.06 30	1.0000						
Medical equipment	- 0.3112	0.2323	0.40 32	-0.2650	1.0000					
Task profile	0.0367	0.5322	0.23 66	0.4574	0.2703	1.00 00				
Health promotion	0.1379	0.0894	- 0.06 54	0.2727	-0.1347	0.00 26	1.0000			
Organizati onal access	0.2419	-0.0770	- 0.48 89	0.3999	0.0706	0.06 32	0.2247	1.0000		
OOH care	0.0501	0.3648	0.07 66	0.0915	0.5505	0.49 37	0.0476	0.3498	1.00 00	
No. hospital beds	- 0.0912	-0.5497	- 0.44 16	-0.0149	-0.1190	- 0.67 71	0.2144	0.3169	- 0.14 25	1.000